

LEO CHERNE

MASTRICOLA, Bruce G. file #21  
Consolidated

SECRET - SECURITY INFORMATION

SECRET PERSONNEL

OF PERSONNEL  
RETURN FILE TO SG-US HQS

CONTRACT INFORMATION AND CHECK LIST		CASE OFFICER	DIVISION
INSTRUCTIONS: Complete all items, inserting "X" when items are not applicable. Forward original and one copy for preparation of contract.		T. Cobb	WH/III/Carib
		TELEPHONE EXTENSION	DATE
		2056	1 June 59
SECTION I GENERAL			
1. NAME <input checked="" type="checkbox"/> PREFERRED <input type="checkbox"/> YOUR	2. PROJECT	3. ALLCMENT NO.	4. SGT NO.
Bruce G. MASTROCOLA	Headquarters Support	9-3500-10-200	
5. PREVIOUS CIA PSEUDONYM OR ALIASES	6. INDIVIDUAL IS PRESENTLY ENGAGED, OR HAS BEEN ENGAGED BY CIA OR ITS ALLIED ACTIVITIES IN SOME CAPACITY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (If yes, describe and include salary)		
None			
7. SECURITY CLEARANCE (Type and date)		8. CONTRACT IS TO BE EXECUTED IN STERILE FORM I.E., "U.S. GOVERNMENT" <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
FOIA C-11118, 28 May 59			
9. INDIVIDUAL WILL WORK UNDER "CONTROLLED CONDITIONS" I.E., REGULAR OFFICE HOURS AWAY FROM SUBJECT'S HOME AND PERFORMED UNDER THE SUPERVISION OF A STAFF EMPLOYEE OR STAFF AGENT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		10. PROPOSED CATEGORY (Contract agent, contract employee, etc.)	
		Contract Agent	
SECTION II PERSONAL DATA			
11. CITIZENSHIP	12. IF NOT U.S. CITIZEN, INDIVIDUAL IS A PERMANENT RESIDENT ALIEN <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	13. AGE	14. DATE OF BIRTH (Month, day, year)
USA		46	8 September 1912
15. LEGAL RESIDENCE (City and state or country)		16. CURRENT RESIDENCE (City and state or country)	
New York, N.Y.		New York, N.Y.	
17. MARITAL STATUS (Check as appropriate)			
<input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWER <input type="checkbox"/> ANNULLED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED			
18. NUMBER OF DEPENDENTS (Not including individual) RELATIONSHIP:		19. INDIVIDUAL IS RELATED TO A STAFF EMPLOYEE, STAFF AGENT OR AN INDIVIDUAL CURRENTLY WORKING FOR THE AGENCY IN SOME CAPACITY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
wife 1 daughter 1/2  (no others known)			
SECTION III U.S. MILITARY STATUS			
20. RESERVE	21. VETERAN	22. IF RETIRED, INDICATE CATEGORY (Longevity, combat disability, service disability non-combat)	
Not Known	Not Known		
23. BRANCH OF SERVICE	24. RANK OR GRADE	25. DRAFT ELIGIBLE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	26. DRAFT DEFERMENT OBTAINED BY CIA <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
SECTION IV COMPENSATION			
17. BASIC SALARY	28. POST DIFFERENTIAL	29. PAY (Day/Week, if any)	30. TAXES TO BE WITHHELD BY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
\$50.00 per day (not to exceed \$265 per wk.)	WAE	Natural	
SECTION V ALLOWANCES (NORMALLY GRANTED ONLY TO RESIDENTS OF THE UNITED STATES)			
31. QUARTERS	32. POST	33. OTHER	
NA	NA	NA	
34. COVER (Breakdown, if any)			
NA			
SECTION VI TRAVEL			
35. TYPES <input type="checkbox"/> PCS <input checked="" type="checkbox"/> DOMESTIC OPERATIONAL <input checked="" type="checkbox"/> FOREIGN OPERATIONAL			36. WITH DEPENDENTS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
37. HOUSEHOLD EFFECTS TO BE SHIPPED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	38. PERSONAL VEHICLE TO BE SHIPPED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	39. TRANSPORTED VEHICLE TO BE USED FOR OPERATIONAL TRAVEL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
40. IF WITH DEPENDENTS STATE RELATIONSHIP, CITIZENSHIP, AGE AND DATE OF BIRTH			
41. PAYMENT AND ACCOUNTABILITY WILL BE IN CONFORMANCE WITH <input checked="" type="checkbox"/> CIA REGULATIONS <input type="checkbox"/> COVER POLICIES AND PROCEDURES			
SECTION VII OPERATIONAL EXPENSES			
42. PURCHASE OF INFORMATION	43. ENTERTAINMENT	44. OTHER	
Yes	Yes	Operational Expenses Representation Allowance	
45. PAYMENT AND ACCOUNTABILITY WILL BE IN CONFORMANCE WITH <input checked="" type="checkbox"/> CIA R. 471002 <input type="checkbox"/> COVER POLICIES AND PROCEDURES			

<b>CONTRACT INFORMATION AND CHECK LIST (CONTINUED)</b>		OFFICER <b>T. Cobb</b> TELEPHONE EXTENSION <b>2056</b>	DIVISION <b>WH/III/Carib</b> DATE <b>1 June 59</b>
NOTE: SEE INSTRUCTIONS ON FIRST SHEET.			
SECTION VIII OTHER BENEFITS			
46. BENEFITS (See Part XIV of Confidential Fund Regulations or successor regulations for benefits applicable to various categories of contract personnel. If medical benefits are requested, see R. 15-150 or successor regulations.)			
SECTION IX COVER ACTIVITY			
47. STATUS (Check)	<input checked="" type="checkbox"/> PROPOSED <input checked="" type="checkbox"/> ESTABLISHED	48. TYPE (Check)	<input type="checkbox"/> PROPRIETARY <input type="checkbox"/> CULTURAL <input type="checkbox"/> EDUCATIONAL <input type="checkbox"/> SUBSIDIZED <input checked="" type="checkbox"/> COMMERCIAL <input type="checkbox"/> TOURIST <input type="checkbox"/> MILITARY <input type="checkbox"/> OTHER
49. IF COVER PAYMENTS ARE CONTEMPLATED, THEY WILL BE EFFECTED ON REIMBURSABLE BASIS			
<input checked="" type="checkbox"/> NA <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL			
SECTION X OFFSET OF INCOME			
50. OFFSET OF INCOME AND OTHER ENDOWMENTS DERIVED FROM COVER ACTIVITIES (If less than total, justify in separate memo attached hereto.)			
<input type="checkbox"/> TOTAL <input type="checkbox"/> PARTIAL <input checked="" type="checkbox"/> NONE			
SECTION XI TERM			
51. DURATION	52. EFFECTIVE DATE	53. RENEWABLE	
DAYS:    MONTHS: <b>1</b> YEARS:	<b>5 June 59</b>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
54. TERMINATION NOTICE (Number of days)	55. FORFEITURE OF RETURN TRAVEL FOR RESIGNATION PRIOR TO CONTRACT TERMINATION		
<b>30</b>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
SECTION XII FUNCTION			
56. PRIMARY FUNCTION (FI, PP, other)			
<b>PP</b>			
SECTION XIII DUTIES			
57. GENERAL DESCRIPTION OF DUTIES TO BE PERFORMED			
High level contacts with Cuban Government officials for political action purposes (subsidiary FI-type reporting also expected from Subject).			
SECTION XIV QUALIFICATIONS			
58. EXPERIENCE			
Imminent authority on government, business, taxes, foreign trade. High-level contacts in Cuban Government.			
59. EDUCATION (Check Highest Level Attained)	GRADE SCHOOL <input type="checkbox"/>	HIGH SCHOOL GRADUATE <input type="checkbox"/>	TRADE SCHOOL GRADUATE <input type="checkbox"/>
	BUSINESS SCHOOL GRADUATE <input type="checkbox"/>	COLLEGE (No degree) <input type="checkbox"/>	COMMERCIAL SCHOOL GRADUATE <input type="checkbox"/>
	COLLEGE (No degree) <input type="checkbox"/>	COLLEGE DEGREE <input type="checkbox"/>	POST GRADUATE <input type="checkbox"/>
	MA <input type="checkbox"/>	PHD <input type="checkbox"/>	
60. LANGUAGE COMPETENCY (Check Appropriate Degree Competency)	LANGUAGE SPEAK READ WRITE	INDIVIDUAL'S COUNTRY OF ORIGIN	
	FLUENT    AVERAGE    POOR FLUENT    AVERAGE    POOR FLUENT    AVERAGE    POOR FLUENT    AVERAGE    POOR		
62. AREA KNOWLEDGE			
Frequent travel into target area.			
SECTION XV PRIOR EMPLOYMENT			
63. JOB AND SALARY PRIOR TO SERVICE FOR CIA			
Executive secretary of a research institute (current employment) Member of International Rescue Committee			
SECTION XVI ADDITIONAL INFORMATION			
64. ADDITIONAL OR UNUSUAL REQUIREMENTS, JUSTIFICATIONS OR EXPLANATIONS (Use other side if necessary)			
<input type="checkbox"/> OVER			
APPROVAL			
DATE	TYPED NAME & SIGNATURE OF DIVISION OFFICER	DATE	TYPED NAME & SIGNATURE OF SENIOR STAFF OFFICER
	Robert N. Dahlgren R. N. DAHLGREN, C/WH/III		[Signature] C/WH/Support

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Mr. Bruce C. Mastrocola

Dear Mr. Mastrocola:

The United States Government, as represented by the Contracting Officer, hereby contracts with you as an independent contractor for the submission of certain information and related services of a confidential nature under the following terms and conditions:

1. Compensation. In full consideration for the submission of such information and services you will be paid a fee of \$50 for any day or fraction thereof during which you are utilized under this agreement, not to exceed \$263 per week. Payments will be made as directed by you in writing in a manner acceptable to the Government. No taxes will be withheld therefrom, but it will be your responsibility to report such income under existing Federal income tax laws and regulations. An appropriate Form 1099 will be furnished by the Government in furtherance of its tax reporting requirement.

2. Travel. You will be advanced or reimbursed funds for necessary expenses incurred in connection with such operational travel as may be directed or authorized by the Government. This may include per diem in lieu of subsistence in the course of such travel and while on temporary duty away from your domestic permanent post of assignment. Payment and accounting for such expenses will be in substantial conformance with applicable Government regulations.

3. Operational Expenses. You will be advanced or reimbursed funds for necessary operational expenses including, but not limited to, entertainment and the purchase of information, as specifically approved by the Government. Such funds will be subject to accounting in substantial compliance with Government regulations.

4. Execution of Documents. If, in the performance of services under this contract, you assume the custody of Government funds or take title of record to property of any nature whatsoever and wherever situated, which property has in fact been purchased with monies of the U. S. Government, you hereby recognize and acknowledge the existence of a trust relationship, either express or constructive, and you agree to execute whatever documents may be required by the Government to evidence this relationship.

5. Status. You are not an employee of the United States Government under this agreement and are not entitled to any benefits normally incident to an employee status.

6. Secrecy. You will be required to keep forever secret this contract and all information which you may obtain by reason hereof (unless released in writing by the Government from such obligation), with full knowledge that violation of such secrecy may subject you to criminal prosecution under the Espionage Laws, dated 25 June 1942, as amended, and other applicable laws and regulations.

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7. Instructions. Instructions received by you from the Government in briefing or otherwise are a part of this contract and are incorporated herein, provided that such instructions are not inconsistent with the terms hereof.

8. Unauthorized Commitments. No promises or commitments pertaining to rights, privileges or benefits other than those expressly stipulated in writing in this agreement or any amendment thereto shall be binding on the Government.

9. Term. This contract is effective as of 5 June 1959, and shall continue thereafter for a period of one (1) year unless sooner terminated either:

(a) By thirty (30) days' actual notice by either party hereto, or

(b) Without prior notice by the Government, in the event of a breach of this contract by your violation of the security provisions hereof or by your otherwise rendering yourself unavailable for acceptable service.

Subject to the availability of appropriations, this agreement may be extended upon notice from the Government. Termination of this agreement will not release you from the obligations of any security oath you may be required to take.

UNITED STATES GOVERNMENT

BY \_\_\_\_\_

Contracting Officer

ACCEPTED: \_\_\_\_\_

Brace G. Mastrocola

WITNESS: \_\_\_\_\_

APPROVED: \_\_\_\_\_

*RMH/jat - 4 June 59*  
*3/4/59 / Support*  
*C. A.*  
*C. O. Tim Cobl 12656*

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